

**Crow Lane Landfill
Complaint Response Report**

ver: 08/09

Date: <u>10/24/09</u>		Time of Complaint: <u>7:53 AM</u>	
Complainant		Response	
Name: <u>Milda Frey</u>		Time: <u>8:10 AM</u>	
Address <u>Swilsonway</u> <u>Newburyport</u>		By Name: <u>Justin Helander</u>	
Odor	YES <input type="radio"/> NO <input checked="" type="radio"/> (circle one)		
Other: _____	Initial: <u>JH</u>		

Were odors detected during the response? NO

Odor Intensity (1-5 scale) NA Odor Duration: _____

Odor Description/Type: NA

Location	H2S Readings During Response				Comments
<u>Front of house</u>	<u>0.001</u>	<u>0.001</u>	<u>0.000</u>	<u>0.001</u>	

Weather Conditions at time of response: Sunny

Wind: Direction (From) NA Speed: NA

Was Perimeter Landfill Survey Performed following the complaint? **YES** ☒ **NO** ☐
(circle one)